

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 680 OF 682
 FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|---|--|
| NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | | |
| Full Name of Payee National Rifle Association of America | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 05 / 2014 | |
| Mailing Address 11250 Waples Mill Road | | Amount 4562.75 | |
| City Fairfax | State VA | Zip Code 22030 | Transaction ID : 60087356 |
| Purpose of Expenditure Salary / Benefits | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 04 / 2014 |
| Name of Federal Candidate Thom Tillis | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee National Rifle Association of America | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2014 | |
| Mailing Address 11250 Waples Mill Road | | Amount 4130.71 | |
| City Fairfax | State VA | Zip Code 22030 | Transaction ID : 60405761 |
| Purpose of Expenditure Salary / Benefits | | Category/ Type 001 | Date of Disbursement or Obligation MM / DD / YYYY 06 / 18 / 2014 |
| Name of Federal Candidate Thom Tillis | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 8693.46 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <u>Mary Rose Adkins</u> | | Date MM / DD / YYYY 08 / 20 / 2014 | |

[Electronically Filed]